

**ADP RFP 10-09  
ADDENDUM #2**

Date: September 27, 2010

SUBJECT: ADDENDUM #2 to ADP RFP 10-09

**QUESTIONS & ANSWERS SUMMARY**

**Question 1**

Is the goal of the self-assessment process to inform necessary organizational systems change (as highlighted from other Culturally and Linguistically Appropriate Services (CLAS) Standards), such as incorporation of cultural and linguistic competency into the agency's strategic plan for institutionalization? Or, is it merely to address staff training needs (CLAS Standard 3)?

**Answer 1**

The goal of the self-assessment process is to identify organizational systems deficiencies which will enable the contractor to tailor technical assistance (TA) and training to the specific needs of the assessed alcohol or other drug (AOD) service agency.

**Question 2**

Will participating in the self-assessment be required for (any or all) AOD agencies? Or is participation optional?

**Answer 2**

It is not required that all AOD agencies be assessed. ADP will expect the awarded contractor to determine which of the requesting agencies would benefit from an assessment. However, the awarded contractor will be expected to perform the required number of assessments as specified within the RFP.

**Question 3**

To what extent will the findings of the self-assessment remain confidential to the AOD agency? Will the self-assessment findings need to be report to ADP?

**Answer 3**

Self-assessment findings shall remain confidential to the assessed AOD agency. ADP will require, however, monthly reports which provide a summary of pertinent information on monthly activities or objectives, such as relevant data (statistical and anecdotal), the number of individuals served, extent to which recipients of TA and/or training acquired new knowledge and/or skills, problems encountered in achieving or failing to achieve the proposed objectives and methods employed to resolve stated

problems. Summary information submitted to ADP in the monthly reports may be shared with County administrators.

**Question 4**

Pg 9 of 105, A6 – Requires the contractor to notify County ADP Administrators when TA will be provided to an AOD agency in their district. To what extent will the county ADP Administrators be involved in the self-assessment or TA process? What role will they play?

**Answer 4**

The purpose of notifying the County alcohol and drug program administrator is to provide the county with an opportunity to: 1) learn from the expert training and TA being provided by the awarded contractor and 2) develop a fuller understanding of program needs that exist within their County. There may be occasions in which the AOD agency requesting TA or training is County operated. The awarded contractor will work collaboratively with the agency (public or private) receiving TA or training to increase their readiness to provide CLAS.

**Question 5**

Is it the intent of the contract to have all 1,000 alcohol and other drug (AOD) agencies complete the self-assessment process at the end of the 3 years?

**Answer 5**

As required by this contract, a minimum of 900 AOD agencies shall have been assessed for CLAS readiness by the end of the three year contract period. Eighty percent of those assessed shall also have been provided technical assistance and training that gives them with the tools and direction needed to independently perform self-assessments on an ongoing basis.

**Question 6**

Pg 6 of 105, F1 – For budgeting purposes, how often and in what formats have these types of alternative formats been requested?

**Answer 6**

As this is the first time ADP has contracted for TA and training to increase AOD agency readiness and ability to deliver CLAS in accordance with the CLAS Standards, ADP does not have historical data that could help us to predict the formats that are likely to be requested, or frequency in which these requests are likely to be received.

ADP's Resource Center maintains alcohol, tobacco, and other drug prevention and treatment information which is available to all California residents at no cost through a Clearinghouse, Lending Services, Internet communication links, and a telephone information and referral system. In a typical year, ADP's Resource Center does not receive any requests for publications in alternate formats.

**Question 7**

Pg 6 of 105, F2 – For budgeting purposes, how often and in what languages have publications been requested?

**Answer 7**

As this is the first time ADP has contracted for TA and training to increase AOD agency readiness and ability to deliver CLAS in accordance with the CLAS Standards, ADP does not have historical data that could help us to predict the languages that are likely to be requested, or frequency in which these requests are likely to be received.

ADP's Resource Center maintains alcohol, tobacco, and other drug prevention and treatment information which is available to all California residents at no cost through a Clearinghouse, Lending Services, Internet communication links, and a telephone information and referral system. ADP's Resource Center receives approximately five to seven requests each year for publication that are translated into another language. The languages most often requested are Korean, Japanese and Hmong.

**Question 8**

Pg 7 of 105, H – "Contractor may not be allowed to charge participants a fee for services, materials, training events, or postage and handling of deliverables, or ask participants whether they have the ability to pay for these costs." However, Attachment III Technical Assistance Application (pg 89 of 105) #8 says, "Does your organization have resources to pay for the cost of the technical assistance or training services?" Can this form be modified, or is this form to be used exactly as presented? Please clarify the discrepancy between these two statements.

**Answer 8**

Yes, this form is a sample and may be modified to best serve the needs of this contract.

ADP was unaware of this discrepancy and has released an RFP addendum which includes a revised Technical Assistance Application that excludes question number eight.

**Question 9**

Throughout the RFP the term "target population" is used; and Definitions (Attachment 1) provides a broad definition of "priority population." Who are these target/priority populations? What does ADP consider to be their target/priority population?

**Answer 9**

The term "target population" refers to potential clients in the AOD system of care who should receive higher quality treatment from an AOD provider as a result of the provider's participation in the CLAS assessment, training, and technical assistance process. Engagement in this process should enhance the AOD provider's staff

competencies in culturally and linguistically appropriate services. Each AOD treatment provider will determine who they "target" for services.

**Question 10**

Pg 10 of 105, 8 – "Provide training and TA to at least 80% of the AOD agencies that were assessed each year?" Improving an organization's cultural responsiveness is a dynamic and ongoing process. Given this, for budgeting purposes, is there a maximum amount of that any one agency can receive?

**Answer 10**

ADP would prefer not to impose a limit on the amount of TA and training that a single agency can receive. The awarded contractor will be expected to strike a balance such that agencies served are given the tools and guidance needed to establish a solid systemic foundation that leaves them capable of monitoring and improving the cultural and linguistic competence of their AOD services on an ongoing basis, while also allowing the contractor to provide TA or training to 80% of the agencies assessed each year.

**Question 11**

In year 1 of the contract, is it the expectation of ADP that 300 agencies will participate in the self-assessment process AND that 80% are also provided with TA and training?

**Answer 11**

Yes.

**Question 12**

In reviewing the RFP, I did not see a page limit. Is there a stated page limit for each section or for the narrative of the application?

**Answer 12**

No, there is no page limit for each section or for the narrative of the application.

**Question 13**

In line 18 of the synopsis for ADP RFP 10-09 and on page 3 of the proposal, you indicate that "ADP will accept a single proposal from a bidder who has joined with one or more vendors for the purpose of combining diverse demographic knowledge that can be used to meet the variety of goals set forth in this RFP." Such as statement suggests that a larger-sized vendor represents the State's preference as the contractor of choice and that the smaller organizations that are representative of the State's health disparity populations will be allowed to participate in this solicitation only via a subcontractor, joint venture, and/or other arrangement that subordinates such groups to be single lead agency that will be selected. Such as model is reminiscent of an epistemological

plantation that will socially construct and/or control the knowledge that is disseminated regarding how the State's AOD treatment and recovery infrastructure can best serve diverse populations. Indeed, there are those who would argue that the proposed service delivery model comprises intellectual colonialization at worst, and/or an unconscious ethnocentric paternalism at best. We are sure, of course, that none of these images are applicable and the decision to award all funding to one larger agency is grounded in research.

In this regard, would you be kind enough to provide to our agency and other interested applicants the evidence-base that suggests that cultural and linguistic technical assistance and training is most effective when delivered under the auspices of a larger, and probably majority Lead Agency?

**Answer 13**

ADP has no preference in terms of the size of the agency to which this contract will be awarded. As quoted, "ADP will accept a single proposal from a bidder who has joined with one or more vendors for the purpose of combining diverse demographic knowledge that can be used to meet the variety of goals set forth in this RFP." ADP encourages all qualified contractors to apply for this solicitation.

**Question 14**

In Line 11 of the Synopsis and on page 63 of the proposal, you indicate that ADP RFP 10-09 will be established through "100% federal funding". As you are surely aware, the federal sector vigorously opposes exclusionary solicitations that include policies that systematically exclude smaller, historically disadvantaged organizations as participants as prime contractors. Indeed, federal procurement practices specifically seek the inclusion of socially and economically disadvantaged groups as prime contractors unless a viability study has demonstrated the nonfeasibility of the selection of a smaller contractor.

Would you please cite the federal procurement guidelines that were followed by the State in drafting and finalizing ADP RFP 10-09?

**Answer 14**

ADP followed the requirement established in title 45, Code of Federal Regulations, Part 96, Section 96.30, (a).

**Question 15**

As you are probably aware, an abundance of research suggests that AOD outcomes are superior when delivered by culturally concordant staff. For example, Flicker, et al (2008), in a study of 86 Latino and Caucasian adolescents, found that Latino youth who received services from Latino providers experienced significantly higher decreases in substance use than did Latino youth who were treated by Majority counselors. This preliminary study also revealed that providers do not create deficits in care amongst Majority youth when Latino providers are assigned to treat Caucasians. In this study,

outcomes were similar for Caucasian youth independently of the ethnicity of their substance abuse counselor. A now classic study by Takeuchi, et al (1998), also addressed the question of the importance of cultural concordance in the treatment of Latinos. These researchers discovered that Mexican Americans who receive treatment from an ethnic-specific program were 1100 percent more likely to return for an additional treatment session than when the treatment program was not ethnic-specific. An extension of such logic would suggest that the experiential base that supports such outcomes can be similarly transferred to other providers through training and technical assistance by those culturally concordant treatment providers who have achieved superior outcomes.

Yet, in Section A - Assessing Agency Readiness, a section that will generate a total of up to 30 points, not a single criteria for the evaluation of potential contractors directly or tangentially assign value to cultural concordance and/or successful outcomes with culturally and/or linguistically diverse groups. Rather, you assign points based upon paternalistic relationships that have existed between your provider of choice and diverse organizations in the past, i.e. past experience conducting needs assessments of diverse organizations, etc.

Would you please describe for us the results of your Statements of Interest and/or Statements of Qualification that convinced ADP that diverse organizations require that ADP's contractor conduct assessments of their CLAS needs?

Perhaps our agency is in error in assuming that the "subjects" of, or the primary target group for the training and technical assistance will be those AOD non-diverse providers who serve diverse populations.

Could you please clarify for us who the primary target audience is for this training and technical assistance. Is it "diverse organizations" as A.1. under assessing Agency readiness implies?

#### **Answer 15**

The awarded contractor will perform assessments of, and provide TA and training to, California AOD service providers. The goal of this contract is to increase the readiness of California's AOD service providers to provide culturally and linguistically appropriate services (CLAS) in accordance with the Federal Office of Minority Health developed CLAS Standards and other cultural competence best practice models.

ADP expects the awarded contractor's skills, knowledge and expert knowledge of the CLAS Standards and other cultural competence best practice models will enable it to provide a thorough and objective assessment of the AOD agencies served. This initial assessment will help AOD agencies to establish a baseline understanding of their capacities, strengths and weakness in regards to their readiness to implement the CLAS Standards.

**Question 16**

Your Scoring Criteria assigns value to bidders who "... demonstrates (through its narrative and letter(s) of reference) a strong history of collaborating with diverse ethnic and cultural groups ... ". However, your scoring criteria includes absolutely no outcome measures that demonstrate that such collaborations led to decreases in AOD health disparities. Slave owners certainly had established histories of collaboration with the diverse and cultural groups whom they owned. Research on mental health assessments reveal that the collaborations between diverse populations and their mental health professionals oftentimes lead to misdiagnosis when clients are Latino or African American. For example, Vega, et al (2006), found that Latinos were more likely to have a diagnosis re-categorized than other ethnicities. These researchers indicate that implementing more careful clinical diagnostic procedures may decrease the presence of inaccuracies in diagnoses. Moreover, Minsky, et al (2003), by applying logistic regression to a large sample of clients from New Jersey, discovered that mental health professionals tend to assign Latinos and other minorities to distinct categories of mental illness. For example, while African Americans had significantly greater odds of being diagnosed as schizophrenic, Latinos had a greater probability of being diagnosed as having major depression.

Please describe to our agency how ADP intends to triangulate these "narratives and letters of reference" to confirm that the past collaborations were disparity-reducing rather than disparity-supporting?

**Answer 16**

Letters of reference will be used, in conjunction with other responses provided in the bidder's technical proposal, to assess the bidder's overall ability to effectively administer this contract. Among the other required items that will be used for this assessment are: a description of key program staff qualifications, resumes of key project staff, a description of the bidder's performance within the past three years with the management of government funds and activities, and the bidder's fiscal and programmatic audit history within the last three years.

**Question 17**

Scoring Criteria # 1 requires that bidders "... demonstrate that they are familiar with various tools and processes for assessing CLAS readiness and have chosen specific tool(s) and process(es) based on validity and consistency with Office (of) Minority Health guidelines. "

As those persons with expertise in the area of behavioral health and health disparities are aware, the actions that support health disparity reduction is not familiarity with tools of assessing CLAS readiness, but familiarity with the limitations of standard behavioral health tools when used to assess the behavioral health status of diverse populations. For example, the Addiction Severity Index (ASI), a mandated tool in the State of California, has been tested with Latinos. The ASI is a tool that captures information about a patient's life: health/medical, occupation/employment, substance use, legal, family history and relationships, social relationships and mental health. The test is



analyzed using a ten-point rating scale regarding the degree of saturation in each area. These composite scores are then used for treatment planning. The ASI may also be administered at intake and before release from the program to identify specific outcomes regarding the patient's treatment. Butler, Redondo, Fernandez, and Vilapiano (2009) recently tested the multi-media ASI with 185 Spanish-speaking clients from California, Florida, New Mexico, and Puerto Rico. As with the standard ASI, these investigators found levels of validity and reliability that paralleled the levels associated with the ASI for majority populations. Thus, providers may wish to similarly confirm the validity of all assessment tools used. Based upon such findings, it can be concluded that even when bidders respond, they will provide the right answers to the wrong questions.

Would you please clarify for our agency how "familiarity with tools and processes for assessing CLAS readiness" will support a reduction in the documented AOD disparities in accessing treatment that currently exists among diverse populations in the State of California and/or the documented disparities in retention rates for diverse populations who do enter into treatment, and/or the fact that some AOD treatment providers have no culturally and linguistically concordant staff to address the needs of their clients/consumers?

For example, a young male who has sex with men who enters into AOD treatment will oftentimes encounter stigma that prevents them from discussing their sexuality. Yet, their sexuality may comprise a primary causal variable in their substance use. Despite our detour from the above example, we would like to reemphasize that our agency is in need of an answer to our primary query of how "assessing CLAS readiness" is linearly linked with disparity reduction? If you have conducted path analysis and/or structural modeling, to demonstrate such linkages, please provide us with the results. As those who are familiar with CLAS standards are aware, these standards represent a minima not a maxima relative to providing health care to health disparity patients and clients.

**Answer 17**

It is ADP's expectation that the awarded contractor will be familiar with the CLAS Standards, other cultural competence tools and best practice models. Through effective TA and training on the use of these tools and adoption of the CLAS standards, ADP expects the quality of services available through California's AOD agencies will improve, resulting in a reduction in the disparities that exist within California's AOD field.

**Question 18**

In your scoring criteria for Section B, you assign points for bidders for, "...demonstrating the capacity to develop, in collaboration with other agencies, training curricula and tools that are culturally, linguistically, and developmentally appropriate." You have very much confused even the most brilliant minds amongst our 200+ employees.

Therefore, we must once again ask, "Who is the audience for the training and technical assistance that the training curricula and tools from diverse organizations must be



culturally, linguistically, and developmentally appropriate? Will bidders be developing curricula and tools to train its own diverse contractors to provide English-language materials steeped in Anglo culture for predominantly Anglo providers who provide treatment to diverse populations?

**Answer 18**

As stated in Section B of the Technical Proposal Scoring and Criteria, bidders are instructed to "describe how the bidder will collaboratively develop training curricula and tools that comprehensively address the ten elements of CLAS Standard 3 and are culturally, linguistically, and developmentally appropriate." CLAS Standard 3 focuses on ensuring agency staff at all levels receive ongoing education and training on CLAS delivery. As such, this section of the RFP speaks to the bidder's ability to work with AOD agencies to develop training curricula and tools that will be used by the AOD agency as they provide their staff with ongoing education on CLAS delivery.

**Question 19**

In scoring criteria 5 and 6, value is assigned to a bidder's ability to do something that any pre-service teacher of education can do, develop "... innovative training and technical assistance strategies and high quality curriculum standards" and/or "... develop and implement a strong training and technical assistance plan. " Your criteria assigns no value to bidders who have moved from theory and pedagogy to AOD praxis and whose capabilities include the ability to export AOD disparity-reducing practices that have worked into the training and technical assistance offered to other providers.

Please provide the evidence basis that demonstrates that bidders with experience in successful AOD disparity reducing practices should not be sought and valued by the State for RFP 10-09?

**Answer 19**

ADP encourages all qualified bidders to apply for this solicitation and believes bidders with experience in successful AOD disparity reducing practices will be prepared, in light of their past successes, to submit a competitive proposal.

**Question 20**

CHCADA has other questions regarding this RFP. However, based upon our conversations with other diverse providers, we understand that they too, have a multitude of questions and concerns regarding ADP RFP 10-09.

Given the seriousness of the issues raised and the fact that ADP RFP 10-09 appears to bypass the essential question, "What experiences and education qualify bidders to reduce ongoing AOD health disparities in the State of California by offering evidence-based treatment and recovery technical assistance and training to AOD providers?", we urge the State to consider withdrawing ADP RFP 10-09 and utilize AOD health disparity experts to craft a new, more focused RFP. Would the State be willing to consider this

alternative in order to ensure that the dollars spent for a contractor will, indeed, generate disparity reductions?

**Answer 20**

ADP expects this solicitation will attract qualified bidders and will result in consistent delivery of TA and training that assists recipient agencies to establish systems for monitoring and improving the cultural and linguistic competence of their AOD services on an ongoing basis.

**Question 21**

If not, what is the State's rationale for moving forward with what is clearly a flawed instrument of solicitation?

The needs of AOD providers in California extend far beyond the Office of MH CLAS standards. By focusing upon these standards, the State will provide a kindergarten approach to health disparities when a diversified, "graduate-level" training and assistance program is actually needed.

**Answer 21**

See ADP's response to question 20.